

SUPPLEMENTAL CLAIMANT'S STATEMENT

For
RESIDUAL DISABILITY BENEFITS

Name in Full CHRISTOPHER KEARNEY Policy No. H-538069
H-493029

1. I was residually disabled from 2/8 19 93 to present 19 .
2. During this period of residual disability I was (A) unable to perform the following important daily business duties of my occupation _____

_____ or (B) I was able to perform all of the usual daily business duties of my occupation, but only for 65 % of the time usually required to perform these duties.

3. I expect to return to the full performance of my occupation on not sure 19 .

NOTE: FOR PURPOSES OF ANSWERING QUESTIONS NO. 4 AND 5, INCLUDE MONTHLY INCOME FROM SALARY, WAGES, BONUSES, COMMISSIONS, FEES OR OTHER REMUNERATION, AFTER DEDUCTION OF NORMAL AND CUSTOMARY BUSINESS EXPENSES BUT BEFORE DEDUCTION OF ANY INCOME TAXES, EARNED FOR SERVICES PERFORMED BY YOU. DO NOT INCLUDE DIVIDENDS, RENTS, ROYALTIES, ANNUITIES OR OTHER FORMS OF UNEARNED INCOME.

4. My average monthly income for the calendar year or the twelve consecutive months immediately prior to my period of total disability (the greater) was \$ 8166 (to the nearest dollar.)

I used the (A) ☒ prior calendar year (B) prior twelve consecutive months earnings to determine this average.

5. My monthly income for each month for which claim is being made is as follows:

| Amount | Month | Year | Amount | Month | Year | Amount | Month | Year |
|------------------|-----------|-----------|--------|-------|-------|--------|-------|-------|
| <u>\$2000.00</u> | <u>12</u> | <u>95</u> | _____ | _____ | _____ | _____ | _____ | _____ |

Any information necessary to verify the answers I have given above will be furnished upon request.

Date 1-2 19 96 Signed Christopher Kearney
(Claimant)

PLEASE ATTACH THIS FORM DIRECTLY TO A FULLY COMPLETED SUPPLEMENTAL DISABILITY CLAIM REPORT - BE SURE TO SIGN THE DISCLOSURE AUTHORIZATION ON THE BACK OF THAT FORM.

RECEIVED - FBI - AIT
96 JAN -5 AM 10:22

0844

INDIVIDUAL HEALTH CLAIMS (417)
SUPPLEMENTAL CLAIMANT'S STATEMENT

For
RESIDUAL DISABILITY BENEFITS

Name in Full CHRISTOPHER KEARNEY Policy No. H-2493029, H-5306

1. I was residually disabled from 2/8 19 93 to present 19 .
2. During this period of residual disability I was (A) unable to perform the following important daily business duties of my occupation _____

_____ or (B) I was able to perform all of the usual daily business duties of my occupation, but only for 60 % of the time usually required to perform these duties.

3. I expect to return to the full performance of my occupation on not sure 19 .

NOTE: FOR PURPOSES OF ANSWERING QUESTIONS NO. 4 AND 5, INCLUDE MONTHLY INCOME FROM SALARY, WAGES, BONUSES, COMMISSIONS, FEES OR OTHER REMUNERATION, AFTER DEDUCTION OF NORMAL AND CUSTOMARY BUSINESS EXPENSES BUT BEFORE DEDUCTION OF ANY INCOME TAXES, EARNED FOR SERVICES PERFORMED BY YOU. DO NOT INCLUDE DIVIDENDS, RENTS, ROYALTIES, ANNUITIES OR OTHER FORMS OF UNEARNED INCOME.

4. My average monthly income for the calendar year or the twelve consecutive months immediately prior to my period of total disability (the greater) was \$ 8166 (to the nearest dollar.)

I used the (A) ☒ prior calendar year (B) prior twelve consecutive months earnings to determine this average.

5. My monthly income for each month for which claim is being made is as follows:

| Amount | Month | Year | Amount | Month | Year | Amount | Month | Year |
|----------------|----------|-----------|--------|-------|-------|--------|-------|-------|
| \$ <u>2000</u> | <u>1</u> | <u>96</u> | _____ | _____ | _____ | _____ | _____ | _____ |

Any information necessary to verify the answers I have given above will be furnished upon request.

Date 2-2 19 96 Signed Christopher Kearney
(Claimant)

PLEASE ATTACH THIS FORM DIRECTLY TO A FULLY COMPLETED SUPPLEMENTAL DISABILITY CLAIM REPORT - BE SURE TO SIGN THE DISCLOSURE AUTHORIZATION ON THE BACK OF THAT FORM.

RECEIVED-INT-417
96 FEB -6 AM 10:47

RESIDUAL DISABILITY BENEFITS

Name in Full CHRISTOPHER KEARNEY Policy No. H-538069
H-493029

1. I was residually disabled from 2/8 19 93 to present 19 .
2. During this period of residual disability I was (A) unable to perform the following important daily business duties of my occupation _____
- _____ or (B) I was able to perform all of the usual daily business duties of my occupation, but only for 65 % of the time usually required to perform these duties.
3. I expect to return to the full performance of my occupation on not sure 19 .

NOTE: FOR PURPOSES OF ANSWERING QUESTIONS NO. 4 AND 5, INCLUDE MONTHLY INCOME FROM SALARY, WAGES, BONUSES, COMMISSIONS, FEES OR OTHER REMUNERATION, AFTER DEDUCTION OF NORMAL AND CUSTOMARY BUSINESS EXPENSES BUT BEFORE DEDUCTION OF ANY INCOME TAXES, EARNED FOR SERVICES PERFORMED BY YOU. DO NOT INCLUDE DIVIDENDS, RENTS, ROYALTIES, ANNUITIES OR OTHER FORMS OF UNEARNED INCOME.

4. My average monthly income for the calendar year or the twelve consecutive months immediately prior to my period of total disability (the greater) was \$ 8166 (to the nearest dollar.)
- I used the (A) ☒ prior calendar year (B) prior twelve consecutive months earnings to determine this average.
5. My monthly income for each month for which claim is being made is as follows:

| Amount | Month | Year | Amount | Month | Year | Amount | Month | Year |
|------------------|----------|-----------|--------|-------|-------|--------|-------|-------|
| <u>\$2000.00</u> | <u>2</u> | <u>96</u> | _____ | _____ | _____ | _____ | _____ | _____ |

Any information necessary to verify the answers I have given above will be furnished upon request.

Date 3-4 19 96 signed Christopher Kearney
(Claimant)

PLEASE ATTACH THIS FORM DIRECTLY TO A FULLY COMPLETED SUPPLEMENTAL DISABILITY CLAIM REPORT - BE SURE TO SIGN THE DISCLOSURE AUTHORIZATION ON THE BACK OF THAT FORM.

RECEIVED - FBI - NEW YORK
FEB 11 11 41 AM '04

H53

Name in Full CHRISTOPHER KEARNEY Policy No. 11-493029, 11-4

1. I was residually disabled from 2/8 1993 to Present 19 .
2. During this period of residual disability I was (A) unable to perform the following important daily business duties of my occupation _____

_____ or (B) I was able to perform all of the usual daily business duties of my occupation, but only for 60 of the time usually required to perform these duties.

3. I expect to return to the full performance of my occupation on not sure 19 .

NOTE: FOR PURPOSES OF ANSWERING QUESTIONS NO. 4 AND 5, INCLUDE MONTHLY INCOME FROM SALARY, WAGES, BONUSES, COMMISSIONS, FEES OR OTHER REMUNERATION, AFTER DEDUCTION OF NORMAL AND CUSTOMARY BUSINESS EXPENSES BUT BEFORE DEDUCTION OF ANY INCOME TAXES, EARNED FOR SERVICES PERFORMED BY YOU. DO NOT INCLUDE DIVIDENDS, RENTS, ROYALTIES, ANNUITIES OR OTHER FORMS OF UNEARNED INCOME.

4. My average monthly income for the calendar year or the twelve consecutive months immediately prior to my period of total disability (the greater) was \$ 866 (to the nearest dollar.)
I used the (A) ☒ prior calendar year (B) ☐ prior twelve consecutive months earnings to determine this average.
5. My monthly income for each month for which claim is being made is as follows:

| Amount | Month | Year | Amount | Month | Year | Amount | Month | Year |
|---------------|----------|-----------|--------|-------|-------|--------|-------|-------|
| <u>\$2000</u> | <u>3</u> | <u>96</u> | _____ | _____ | _____ | _____ | _____ | _____ |

Any information necessary to verify the answers I have given above will be furnished upon request.

Date 4-2 1996 signed Christopher Kearney
(Claimant)

PLEASE ATTACH THIS FORM DIRECTLY TO A FULLY COMPLETED SUPPLEMENTAL DISABILITY CLAIM REPORT - BE SURE TO SIGN THE DISCLOSURE AUTHORIZATION ON THE BACK OF THAT FORM.

96 APR -2 11:11:50
100-100-111-1000

-JEFFERSON-PILGRIM LIFE INSURANCE COMPANY

INDIVIDUAL HEALTH CLAIMS (4170)

SUPPLEMENTAL CLAIMANT'S STATEMENT

FOR

RESIDUAL DISABILITY BENEFITS

Name in Full CHRISTOPHER KEARNEY Policy No. H 493029
H 538069

1. I was residually disabled from 2/8 1993 to present 19
2. During this period of residual disability I was (A) unable to perform the following important daily business duties of my occupation _____

_____ or (B) I was able to perform all of the usual daily business duties of my occupation, but only for 60 % of the time usually required to perform these duties.
3. I expect to return to the full performance of my occupation on not sure 19 .

NOTE: FOR PURPOSES OF ANSWERING QUESTIONS NO. 4 AND 5, INCLUDE MONTHLY INCOME FROM SALARY, WAGES, BONUSES, COMMISSIONS, FEES OR OTHER REMUNERATION, AFTER DEDUCTION OF NORMAL AND CUSTOMARY BUSINESS EXPENSES BUT BEFORE DEDUCTION OF ANY INCOME TAXES, EARNED FOR SERVICES PERFORMED BY YOU. DO NOT INCLUDE DIVIDENDS, RENTS, ROYALTIES, ANNUITIES OR OTHER FORMS OF UNEARNED INCOME.

4. My average monthly income for the calendar year or the twelve consecutive months immediately prior to my period of total disability (the greater) was \$ 8166 (to the nearest dollar.)

I used the (A) ☒ prior calendar year (B) ☐ prior twelve consecutive months earnings to determine this average.

5. My monthly income for each month for which claim is being made is as follows:

| Amount | Month | Year | Amount | Month | Year | Amount | Month | Year |
|---------------|----------|-----------|--------|-------|------|--------|-------|------|
| <u>\$2000</u> | <u>4</u> | <u>96</u> | | | | | | |

Any information necessary to verify the answers I have given above will be furnished upon request.

Date 5-6 1996 Signed Christopher Kearney
(Claimant)

PLEASE ATTACH THIS FORM DIRECTLY TO A FULLY COMPLETED SUPPLEMENTAL DISABILITY CLAIM REPORT - BE SURE TO SIGN THE DISCLOSURE AUTHORIZATION ON THE BACK OF THAT FORM.

20:0000 8-11-03
20:0000 8-11-03

JEFFERSON-PILOT LIFE INSURANCE COMPANY
INDIVIDUAL HEALTH CLAIMS (417)
SUPPLEMENTAL CLAIMANT'S STATEMENT
For
RESIDUAL DISABILITY BENEFITS

Name in Full CHRISTOPHER KEARNEY Policy No. H490029
H538069

1. I was residually disabled from 2/8 1993 to present 19 .
2. During this period of residual disability I was (A) unable to perform the following important daily business duties of my occupation _____

_____ or (B) I was able to perform all of the usual daily business duties of my occupation, but only for 60 % of the time usually required to perform these duties.

3. I expect to return to the full performance of my occupation on not sure 19 .

NOTE: FOR PURPOSES OF ANSWERING QUESTIONS NO. 4 AND 5, INCLUDE MONTHLY INCOME FROM SALARY, WAGES, BONUSES, COMMISSIONS, FEES OR OTHER REMUNERATION, AFTER DEDUCTION OF NORMAL AND CUSTOMARY BUSINESS EXPENSES BUT BEFORE DEDUCTION OF ANY INCOME TAXES, EARNED FOR SERVICES PERFORMED BY YOU. DO NOT INCLUDE DIVIDENDS, RENTS, ROYALTIES, ANNUITIES OR OTHER FORMS OF UNEARNED INCOME.

4. My average monthly income for the calendar year or the twelve consecutive months immediately prior to my period of total disability (the greater) was \$ 8166 (to the nearest dollar.)

I used the (A) ✓ prior calendar year (B) _____ prior twelve consecutive months earnings to determine this average.

5. My monthly income for each month for which claim is being made is as follows:

| Amount | Month | Year | Amount | Month | Year | Amount | Month | Year |
|-------------------|----------|-----------|--------|-------|-------|--------|-------|-------|
| \$ <u>2000.00</u> | <u>5</u> | <u>96</u> | _____ | _____ | _____ | _____ | _____ | _____ |

Any information necessary to verify the answers I have given above will be furnished upon request.

Date 6-3 1996 Signed Christopher Kearney
(Claimant)

PLEASE ATTACH THIS FORM DIRECTLY TO A FULLY COMPLETED SUPPLEMENTAL DISABILITY CLAIM REPORT - BE SURE TO SIGN THE DISCLOSURE AUTHORIZATION ON THE BACK OF THAT FORM.

96 JUN -5 AM 10:45

RECEIVED-INT-417

JEFFERSON-PILOT LIFE INSURANCE COMPANY
INDIVIDUAL HEALTH CLAIMS (417)
SUPPLEMENTAL CLAIMANT'S STATEMENT
For
RESIDUAL DISABILITY BENEFITS

Name in Full CHRISTOPHER KEARNEY Policy No. H490029
H538069

1. I was residually disabled from 2/8 1993 to present 19 .
2. During this period of residual disability I was (A) unable to perform the following important daily business duties of my occupation _____

_____ or (B) I was able to perform all of the usual daily business duties of my occupation, but only for 65 % of the time usually required to perform these duties.

3. I expect to return to the full performance of my occupation on not sure 19 .

NOTE: FOR PURPOSES OF ANSWERING QUESTIONS NO. 4 AND 5, INCLUDE MONTHLY INCOME FROM SALARY, WAGES, BONUSES, COMMISSIONS, FEES OR OTHER REMUNERATION, AFTER DEDUCTION OF NORMAL AND CUSTOMARY BUSINESS EXPENSES BUT BEFORE DEDUCTION OF ANY INCOME TAXES, EARNED FOR SERVICES PERFORMED BY YOU. DO NOT INCLUDE DIVIDENDS, RENTS, ROYALTIES, ANNUITIES OR OTHER FORMS OF UNEARNED INCOME.

4. My average monthly income for the calendar year or the twelve consecutive months immediately prior to my period of total disability (the greater) was \$ 8166 (to the nearest dollar.)

I used the (A) ☒ prior calendar year (B) ☐ prior twelve consecutive months earnings to determine this average.

5. My monthly income for each month for which claim is being made is as follows:

| Amount | Month | Year | Amount | Month | Year | Amount | Month | Year |
|-----------|----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| <u>00</u> | <u>6</u> | <u>96</u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |

Any information necessary to verify the answers I have given above will be furnished upon request.

Date 7-5 1996 Signed Christopher Kearney
(Claimant)

PLEASE ATTACH THIS FORM DIRECTLY TO A FULLY COMPLETED SUPPLEMENTAL DISABILITY CLAIM REPORT - BE SURE TO SIGN THE DISCLOSURE AUTHORIZATION ON THE BACK OF THAT FORM.

02:11:11 8-30V95
RECEIVED-INT-417

SUPPLEMENTAL CLAIMANT'S STATEMENT

For
 RESIDUAL DISABILITY BENEFITS

Name in Full CHRISTOPHER KEARNEY Policy No. H538069 ⁶⁴⁴⁹⁰⁰²⁹

1. I was residually disabled from 2/8 1993 to present 19 .
2. During this period of residual disability I was (A) unable to perform the following important daily business duties of my occupation _____

_____ or (B) I was able to perform all of the usual daily business duties of my occupation, but only for 65 % of the time usually required to perform these duties.

3. I expect to return to the full performance of my occupation on not sure 19 .

NOTE: FOR PURPOSES OF ANSWERING QUESTIONS NO. 4 AND 5, INCLUDE MONTHLY INCOME FROM SALARY, WAGES, BONUSES, COMMISSIONS, FEES OR OTHER REMUNERATION, AFTER DEDUCTION OF NORMAL AND CUSTOMARY BUSINESS EXPENSES BUT BEFORE DEDUCTION OF ANY INCOME TAXES, EARNED FOR SERVICES PERFORMED BY YOU. DO NOT INCLUDE DIVIDENDS, RENTS, ROYALTIES, ANNUITIES OR OTHER FORMS OF UNEARNED INCOME.

4. My average monthly income for the calendar year or the twelve consecutive months immediately prior to my period of total disability (the greater) was \$ 8166 (to the nearest dollar.)

I used the (A) ☒ prior calendar year (B) _____ prior twelve consecutive months earnings to determine this average.

5. My monthly income for each month for which claim is being made is as follows:

| Amount | Month | Year | Amount | Month | Year | Amount | Month | Year |
|-----------|----------|-----------|--------|-------|-------|--------|-------|-------|
| <u>00</u> | <u>7</u> | <u>96</u> | _____ | _____ | _____ | _____ | _____ | _____ |

Any information necessary to verify the answers I have given above will be furnished upon request.

Date 8-4 1996 Signed Christopher Kearney
 (Claimant)

PLEASE ATTACH THIS FORM DIRECTLY TO A FULLY COMPLETED SUPPLEMENTAL DISABILITY CLAIM REPORT - BE SURE TO SIGN THE DISCLOSURE AUTHORIZATION ON THE BACK OF THAT FORM.

JEFFERSON-PILOT LIFE INSURANCE COMPANY

INDIVIDUAL HEALTH CLAIMS (417)

SUPPLEMENTAL CLAIMANT'S STATEMENT

For

RESIDUAL DISABILITY BENEFITS

Name in Full CHRISTOPHER KEARNEY Policy No. H 490029
4538069

1. I was residually disabled from 2/8 1993 to present 19 .
2. During this period of residual disability I was (A) unable to perform the following important daily business duties of my occupation _____

_____ or (B) I was able to perform all of the usual daily business duties of my occupation, but only for 70 % of the time usually required to perform these duties.

3. I expect to return to the full performance of my occupation on not sure 19 .

NOTE: FOR PURPOSES OF ANSWERING QUESTIONS NO. 4 AND 5, INCLUDE MONTHLY INCOME FROM SALARY, WAGES, BONUSES, COMMISSIONS, FEES OR OTHER REMUNERATION, AFTER DEDUCTION OF NORMAL AND CUSTOMARY BUSINESS EXPENSES BUT BEFORE DEDUCTION OF ANY INCOME TAXES, EARNED FOR SERVICES PERFORMED BY YOU. DO NOT INCLUDE DIVIDENDS, RENTS, ROYALTIES, ANNUITIES OR OTHER FORMS OF UNEARNED INCOME.

4. My average monthly income for the calendar year or the twelve consecutive months immediately prior to my period of total disability (the greater) was \$ 8166 (to the nearest dollar.)

I used the (A) ☒ prior calendar year (B) ☐ prior twelve consecutive months earnings to determine this average.

5. My monthly income for each month for which claim is being made is as follows:

| Amount | Month | Year | Amount | Month | Year | Amount | Month | Year |
|-----------------------|-------|------|--------|-------|------|--------|-------|------|
| \$2000. ⁰⁰ | 8 | 96 | | | | | | |

Any information necessary to verify the answers I have given above will be furnished upon request.

Date 9-2 1996 Signed Christopher Kearney
(Claimant)

PLEASE ATTACH THIS FORM DIRECTLY TO A FULLY COMPLETED SUPPLEMENTAL DISABILITY CLAIM REPORT - BE SURE TO SIGN THE DISCLOSURE AUTHORIZATION ON THE BACK OF THAT FORM.

24-0111 5-12596
179-111-11111

JEFFERSON-PILOT LIFE INSURANCE COMPANY

INDIVIDUAL HEALTH CLAIMS (417)

SUPPLEMENTAL CLAIMANT'S STATEMENT

For

RESIDUAL DISABILITY BENEFITS

Name in Full CHRISTOPHER KEARNEY Policy No. H 490029
4538069

1. I was residually disabled from 2/8 1993 to present 19 .
2. During this period of residual disability I was (A) unable to perform the following important daily business duties of my occupation _____

_____ or (B) I was able to perform all of the usual daily business duties of my occupation, but only for 70 % of the time usually required to perform these duties.
3. I expect to return to the full performance of my occupation on not sure 19 .

NOTE: FOR PURPOSES OF ANSWERING QUESTIONS NO. 4 AND 5, INCLUDE MONTHLY INCOME FROM SALARY, WAGES, BONUSES, COMMISSIONS, FEES OR OTHER REMUNERATION, AFTER DEDUCTION OF NORMAL AND CUSTOMARY BUSINESS EXPENSES BUT BEFORE DEDUCTION OF ANY INCOME TAXES, EARNED FOR SERVICES PERFORMED BY YOU. DO NOT INCLUDE DIVIDENDS, RENTS, ROYALTIES, ANNUITIES OR OTHER FORMS OF UNEARNED INCOME.

4. My average monthly income for the calendar year or the twelve consecutive months immediately prior to my period of total disability (the greater) was \$ 8166 (to the nearest dollar.)
I used the (A) ☒ prior calendar year (B) ☐ prior twelve consecutive months earnings to determine this average.
5. My monthly income for each month for which claim is being made is as follows:

| Amount | Month | Year | Amount | Month | Year | Amount | Month | Year |
|----------------------|-------|------|--------|-------|------|--------|-------|------|
| \$2000 ⁰⁰ | 9 | 96 | | | | | | |

Any information necessary to verify the answers I have given above will be furnished upon request.

Date 10-3 1996 Signed Christopher Kearney
(Claimant)

PLEASE ATTACH THIS FORM DIRECTLY TO A FULLY COMPLETED SUPPLEMENTAL DISABILITY CLAIM REPORT - BE SURE TO SIGN THE DISCLOSURE AUTHORIZATION ON THE BACK OF THAT FORM.

JEFFERSON-PILOT LIFE INSURANCE COMPANY

INDIVIDUAL HEALTH CLAIMS (412)
SUPPLEMENTAL CLAIMANT'S STATEMENT

For
RESIDUAL DISABILITY BENEFITS

Name in Full CHRISTOPHER L. KEARNEY Policy No. H538069 ^{H490029}

1. I was residually disabled from 2/8 1993 to present 19 .
2. During this period of residual disability I was (A) unable to perform the following important daily business duties of my occupation not able to work as many hrs
_____ or (B) I was able to perform all of the usual daily business duties of my occupation, but only for 65 % of the time usually required to perform these duties.
3. I expect to return to the full performance of my occupation on not sure 19 .

NOTE: FOR PURPOSES OF ANSWERING QUESTIONS NO. 4 AND 5, INCLUDE MONTHLY INCOME FROM SALARY, WAGES, BONUSES, COMMISSIONS, FEES OR OTHER REMUNERATION, AFTER DEDUCTION OF NORMAL AND CUSTOMARY BUSINESS EXPENSES BUT BEFORE DEDUCTION OF ANY INCOME TAXES, EARNED FOR SERVICES PERFORMED BY YOU. DO NOT INCLUDE DIVIDENDS, RENTS, ROYALTIES, ANNUITIES OR OTHER FORMS OF UNEARNED INCOME.

4. My average monthly income for the calendar year or the twelve consecutive months immediately prior to my period of total disability (the greater) was \$ 8166 (to the nearest dollar.)

I used the (A) ☒ prior calendar year (B) ☐ prior twelve consecutive months earnings to determine this average.

5. My monthly income for each month for which claim is being made is as follows:

| Amount | Month | Year | Amount | Month | Year | Amount | Month | Year |
|----------------------|-----------|-----------|--------|-------|-------|--------|-------|-------|
| \$2000 ^{or} | <u>10</u> | <u>96</u> | _____ | _____ | _____ | _____ | _____ | _____ |

Any information necessary to verify the answers I have given above will be furnished upon request.

Date 11-4 19 96 Signed Christopher Kearney
(Claimant)

PLEASE ATTACH THIS FORM DIRECTLY TO A FULLY COMPLETED SUPPLEMENTAL DISABILITY CLAIM REPORT - BE SURE TO SIGN THE DISCLOSURE AUTHORIZATION ON THE BACK OF THAT FORM.

JEFFERSON-PILLOT LIFE INSURANCE COMPANY
INDIVIDUAL HEALTH CLAIMS (417)
SUPPLEMENTAL CLAIMANT'S STATEMENT

For
RESIDUAL DISABILITY BENEFITS

Policy # 538069
H 493029

Name in Full CHRISTOPHER KEARNEY Date of Birth 11-9-52
Policy No. H 493029 + H 538069

1. I was residually disabled from 2/8 1993 to Present 19 .
2. During this period of residual disability I was unable to perform the following important daily business duties of my occupation _____

_____ I was able to perform all of the usual daily business duties of my occupation, but only for 75 % of the time usually required to perform these duties.

3. I expect to return to the full performance of my occupation on not 19 .
4. I was under the care and attendance of a physician from 2/8/93 19 to 19 .

NOTE: FOR PURPOSES OF ANSWERING QUESTIONS NO. 5 AND 6, INCLUDE MONTHLY INCOME FROM SALARY, WAGES, BONUSES, COMMISSIONS, FEES OR OTHER REMUNERATION, AFTER DEDUCTION OF NORMAL AND CUSTOMARY BUSINESS EXPENSES BUT BEFORE DEDUCTION OF ANY INCOME TAXES, EARNED FOR SERVICES PERFORMED BY YOU. DO NOT INCLUDE DIVIDENDS, RENTS, ROYALTIES, ANNUITIES OR OTHER FORMS OF UNEARNED INCOME.

5. My average monthly income for the calendar year or the twelve consecutive months immediately prior to my period of total disability (the greater) was \$ 8166 (to the nearest dollar.)

I used the ☒ prior calendar year prior twelve consecutive months earnings to determine this average.

6. My monthly income for each month for which claim is being made is as follows:

| Amount | Month | Year | Amount | Month | Year | Amount | Month | Year |
|--------------|-----------|-----------|--------|-------|-------|--------|-------|-------|
| <u>00.00</u> | <u>11</u> | <u>96</u> | _____ | _____ | _____ | _____ | _____ | _____ |

Any information necessary to verify the answers I have given above will be furnished upon receipt.

Date 19 Signed Christopher Kearney
(Claimant)

(Street Address) (City or Town) (State)

(Zip Code)

PLEASE ATTACH THIS FORM DIRECTLY TO THE SUPPLEMENTAL DISABILITY CLAIM REPORT - BE SURE TO SIGN THE DISCLOSURE AUTHORIZATION ON THE BACK OF THAT FORM.

RECEIVED-IHI-417
96 DEC -9 AM 10:46

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JEFFERSON-PILOT LIFE INSURANCE COMPANY
INDIVIDUAL HEALTH CLAIMS (417)
SUPPLEMENTAL CLAIMANT'S STATEMENT
For
RESIDUAL DISABILITY BENEFITS

FAXED
 ON
 1-2-97

Name in Full CHRISTOPHER KEARNEY Policy No. H-493029 / H-538069

1. I was residually disabled from 2/8 19 93 to present 19 .
2. During this period of residual disability I was (A) unable to perform the following important daily business duties of my occupation _____

_____ or (B) I was able to perform all of the usual daily business duties of my occupation, but only for 75-80% of the time usually required to perform these duties.

3. I expect to return to the full performance of my occupation on not sure 19 .

NOTE: FOR PURPOSES OF ANSWERING QUESTIONS NO. 4 AND 5, INCLUDE MONTHLY INCOME FROM SALARY, WAGES, BONUSES, COMMISSIONS, FEES OR OTHER REMUNERATION, AFTER DEDUCTION OF NORMAL AND CUSTOMARY BUSINESS EXPENSES BUT BEFORE DEDUCTION OF ANY INCOME TAXES, EARNED FOR SERVICES PERFORMED BY YOU. DO NOT INCLUDE DIVIDENDS, RENTS, ROYALTIES, ANNUITIES OR OTHER FORMS OF UNEARNED INCOME.

4. My average monthly income for the calendar year or the twelve consecutive months immediately prior to my period of total disability (the greater) was \$ 8166 (to the nearest dollar.)

I used the (A) ☒ prior calendar year (B) ☐ prior twelve consecutive months earnings to determine this average.

5. My monthly income for each month for which claim is being made is as follows:

| Amount | Month | Year | Amount | Month | Year | Amount | Month | Year |
|-----------|-----------|-----------|--------|-------|-------|--------|-------|-------|
| <u>00</u> | <u>12</u> | <u>96</u> | _____ | _____ | _____ | _____ | _____ | _____ |

Any information necessary to verify the answers I have given above will be furnished upon request.

Date 1-2 19 97 Signed Christopher Kearney
(Claimant)

PLEASE ATTACH THIS FORM DIRECTLY TO A FULLY COMPLETED SUPPLEMENTAL DISABILITY CLAIM REPORT - BE SURE TO SIGN THE DISCLOSURE AUTHORIZATION ON THE BACK OF THAT FORM.

RECEIVED-IHI-417
97 JAN -6 AM 8:46

0865

... LIFE INSURANCE COMPANY
 INDIVIDUAL HEALTH CLAIMS (417)
 SUPPLEMENTAL CLAIMANT'S STATEMENT
 For
 RESIDUAL DISABILITY BENEFITS

H-538069

Name in Full CHRISTOPHER KEARNEY Policy No. H-493029

1. I was residually disabled from 2/8 1993 to present 19 .
2. During this period of residual disability I was (A) unable to perform the following important daily business duties of my occupation _____

_____ or (B) I was able to perform all of the usual daily business duties of my occupation, but only for 65% of the time usually required to perform these duties.

3. I expect to return to the full performance of my occupation on not sure 19 .

NOTE: FOR PURPOSES OF ANSWERING QUESTIONS NO. 4 AND 5, INCLUDE MONTHLY INCOME FROM SALARY, WAGES, BONUSES, COMMISSIONS, FEES OR OTHER REMUNERATION, AFTER DEDUCTION OF NORMAL AND CUSTOMARY BUSINESS EXPENSES BUT BEFORE DEDUCTION OF ANY INCOME TAXES, EARNED FOR SERVICES PERFORMED BY YOU. DO NOT INCLUDE DIVIDENDS, RENTS, ROYALTIES, ANNUITIES OR OTHER FORMS OF UNEARNED INCOME.

4. My average monthly income for the calendar year or the twelve consecutive months immediately prior to my period of total disability (the greater) was \$ 8166 (to the nearest dollar.)

I used the (A) ☒ prior calendar year (B) _____ prior twelve consecutive months earnings to determine this average.

5. My monthly income for each month for which claim is being made is as follows:

| Amount | Month | Year | Amount | Month | Year | Amount | Month | Year |
|----------|----------|-----------|--------|-------|-------|--------|-------|-------|
| <u>0</u> | <u>1</u> | <u>97</u> | _____ | _____ | _____ | _____ | _____ | _____ |

Any information necessary to verify the answers I have given above will be furnished upon request.

Date 1-31 1997 Signed Christopher L. Kearney
 (Claimant)

PLEASE ATTACH THIS FORM DIRECTLY TO A FULLY COMPLETED SUPPLEMENTAL DISABILITY CLAIM REPORT - BE SURE TO SIGN THE DISCLOSURE AUTHORIZATION ON THE BACK OF THAT FORM.

0866

... LIFE INSURANCE COMPANY
 INDIVIDUAL HEALTH CLAIMS (417)
 SUPPLEMENTAL CLAIMANT'S STATEMENT -
 For
 RESIDUAL DISABILITY BENEFITS

H-538069

Name in Full CHRISTOPHER KEARNEY Policy No. H-493029

1. I was residually disabled from 2/8 1993 to present 19 .
2. During this period of residual disability I was (A) unable to perform the following important daily business duties of my occupation _____

_____ or (B) I was able to perform all of the usual daily business duties of my occupation, but only for 65 % of the time usually required to perform these duties.

3. I expect to return to the full performance of my occupation on not sure 19 .

NOTE: FOR PURPOSES OF ANSWERING QUESTIONS NO. 4 AND 5, INCLUDE MONTHLY INCOME FROM SALARY, WAGES, BONUSES, COMMISSIONS, FEES OR OTHER REMUNERATION, AFTER DEDUCTION OF NORMAL AND CUSTOMARY BUSINESS EXPENSES BUT BEFORE DEDUCTION OF ANY INCOME TAXES, EARNED FOR SERVICES PERFORMED BY YOU. DO NOT INCLUDE DIVIDENDS, RENTS, ROYALTIES, ANNUITIES OR OTHER FORMS OF UNEARNED INCOME.

4. My average monthly income for the calendar year or the twelve consecutive months immediately prior to my period of total disability (the greater) was \$ 816.6 (to the nearest dollar.)

I used the (A) ☒ prior calendar year (B) _____ prior twelve consecutive months earnings to determine this average.

5. My monthly income for each month for which claim is being made is as follows:

| Amount | Month | Year | Amount | Month | Year | Amount | Month | Year |
|----------|----------|-----------|--------|-------|-------|--------|-------|-------|
| <u>0</u> | <u>1</u> | <u>97</u> | _____ | _____ | _____ | _____ | _____ | _____ |

Any information necessary to verify the answers I have given above will be furnished upon request.

Date 1-31 1997 Signed Christopher L. Kearney
 (Claimant)

PLEASE ATTACH THIS FORM DIRECTLY TO A FULLY COMPLETED SUPPLEMENTAL DISABILITY CLAIM REPORT - BE SURE TO SIGN THE DISCLOSURE AUTHORIZATION ON THE BACK OF THAT FORM.

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... LIFE INSURANCE COMPANY
 INDIVIDUAL HEALTH CLAIMS (417)
 SUPPLEMENTAL CLAIMANT'S STATEMENT -
 For
 RESIDUAL DISABILITY BENEFITS

Name in Full CHRISTOPHER KEARNEY Policy No. H-538069
H-493029

1. I was residually disabled from 2/8 1993 to present 19 .
2. During this period of residual disability I was (A) unable to perform the following important daily business duties of my occupation _____

_____ or (B) I was able to perform all of the usual daily business duties of my occupation, but only for 65 % of the time usually required to perform these duties.

3. I expect to return to the full performance of my occupation on not sure 19 .

NOTE: FOR PURPOSES OF ANSWERING QUESTIONS NO. 4 AND 5, INCLUDE MONTHLY INCOME FROM SALARY, WAGES, BONUSES, COMMISSIONS, FEES OR OTHER REMUNERATION, AFTER DEDUCTION OF NORMAL AND CUSTOMARY BUSINESS EXPENSES BUT BEFORE DEDUCTION OF ANY INCOME TAXES, EARNED FOR SERVICES PERFORMED BY YOU. DO NOT INCLUDE DIVIDENDS, RENTS, ROYALTIES, ANNUITIES OR OTHER FORMS OF UNEARNED INCOME.

4. My average monthly income for the calendar year or the twelve consecutive months immediately prior to my period of total disability (the greater) was \$ 8166 (to the nearest dollar.)

I used the (A) ☒ prior calendar year (B) ☐ prior twelve consecutive months earnings to determine this average.

5. My monthly income for each month for which claim is being made is as follows:

| Amount | Month | Year | Amount | Month | Year | Amount | Month | Year |
|-----------|----------|-----------|--------|-------|-------|--------|-------|-------|
| <u>00</u> | <u>2</u> | <u>97</u> | _____ | _____ | _____ | _____ | _____ | _____ |

Any information necessary to verify the answers I have given above will be furnished upon request.

Date 3-3 1997 Signed Christopher L. Kearney
 (Claimant)

PLEASE ATTACH THIS FORM DIRECTLY TO A FULLY COMPLETED SUPPLEMENTAL DISABILITY CLAIM REPORT - BE SURE TO SIGN THE DISCLOSURE AUTHORIZATION ON THE BACK OF THAT FORM.

2.

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... LIFE INSURANCE COMPANY
 INDIVIDUAL HEALTH CLAIMS (417)
 SUPPLEMENTAL CLAIMANT'S STATEMENT -
 For
 RESIDUAL DISABILITY BENEFITS

H-538069

Name in Full CHRISTOPHER KEARNEY Policy No. H-493029

1. I was residually disabled from 2/8 19 93 to present 19 .
2. During this period of residual disability I was (A) unable to perform the following important daily business duties of my occupation _____

_____ or (B) I was able to perform all of the usual daily business duties of my occupation, but only for 65 % of the time usually required to perform these duties.

3. I expect to return to the full performance of my occupation on not sure 19 .

NOTE: FOR PURPOSES OF ANSWERING QUESTIONS NO. 4 AND 5, INCLUDE MONTHLY INCOME FROM SALARY, WAGES, BONUSES, COMMISSIONS, FEES OR OTHER REMUNERATION, AFTER DEDUCTION OF NORMAL AND CUSTOMARY BUSINESS EXPENSES BUT BEFORE DEDUCTION OF ANY INCOME TAXES, EARNED FOR SERVICES PERFORMED BY YOU. DO NOT INCLUDE DIVIDENDS, RENTS, ROYALTIES, ANNUITIES OR OTHER FORMS OF UNEARNED INCOME.

4. My average monthly income for the calendar year or the twelve consecutive months immediately prior to my period of total disability (the greater) was \$ 8166 (to the nearest dollar.)

I used the (A) ☒ prior calendar year (B) prior twelve consecutive months earnings to determine this average.

5. My monthly income for each month for which claim is being made is as follows:

| Amount | Month | Year | Amount | Month | Year | Amount | Month | Year |
|----------|----------|-----------|--------|-------|-------|--------|-------|-------|
| <u>0</u> | <u>3</u> | <u>97</u> | _____ | _____ | _____ | _____ | _____ | _____ |

Any information necessary to verify the answers I have given above will be furnished upon request.

Date 4-4 19 97 Signed Christopher L. Kearney
 (Claimant)

PLEASE ATTACH THIS FORM DIRECTLY TO A FULLY COMPLETED SUPPLEMENTAL DISABILITY CLAIM REPORT - BE SURE TO SIGN THE DISCLOSURE AUTHORIZATION ON THE BACK OF THAT FORM.

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